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CONFIRMATION NO. 6041

<b>SERIAL NUMBER</b> 10/659,684	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 99-16C1
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/295,723 11/15/2002 PAT 6,686,178  
 which is a DIV of 09/923,246 08/03/2001 PAT 6,605,272  
 which is a DIV of 09/522,217 03/09/2000 PAT 6,307,024  
 which claims benefit of 60/123,547 03/09/1999  
 and claims benefit of 60/123,904 03/11/1999  
 and claims benefit of 60/142,013 07/01/1999

*ewc*  
*9-26-08*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

10117

**TITLE**

CYTOKINE ZALPHA11 LIGAND

<b>FILING FEE RECEIVED</b> 1683	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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